

CDBG –EAP Emergency Assistance Program Application – Grant County

1. _____ 2. _____ 3. _____
Applicant Name Social Security Number* Telephone
4. _____ 5. _____ 6. _____
Co-Applicant Name Social Security Number* Date of Damage
7. _____ 8. _____
Damaged Property Address Current Mailing Address if Different
9. _____ 10. _____ Owner Occupied _____ Multi Family
County Rental Unit _____ Mobile Home _____ Other
11. Type of Property: _____ Single Family _____ Multi Family
_____ Mobile Home _____ Other
12. Is dwelling in 100 year flood plain? ____yes ____no 13. Age of dwelling _____ 14. Applicant's Primary Residence ____yes ____no

*Providing your social security number is not mandatory. Sole use is to ensure accurate application identification.

FINANCIAL INFORMATION

Please list below all persons who live in your household. List the incomes of all persons 18 years of age or older. Income includes, but is not necessarily limited to, income from all gross wages, salaries, commissions; net income from self employment, net income from the operation of real property; interest and dividend income; Social Security, SSI, pensions, AFDC, alimony, child support, and other benefit income.

If you are uncertain about including something as income, please list it below and the Community Development Department will advise you about it.

Name	Relationship to Applicant	Source of Income	Monthly Gross Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER FUNDS

Property Insurance Information:

Name of Insurance Company _____ Name of Agent _____

Did you report property damage to your insurance agent? ____yes ____no

Did you receive payment from your insurance company for property damage? ____yes ____no

If you answered yes:

1. Identify amount received and items covered by this payment.
2. If you paid the deductible on the claim, please identify the amount of deductible paid - \$ _____

Did you receive assistance from any other state or federal agency? ____yes ____no

If yes, please identify source and amount.

Have you made repairs to your property damaged by the July, 2017 rainfall or replaced damaged items such as furnace or water heater with personal funds or private loans, which you have taken out to cover these costs?

_____yes _____no

If yes, describe the extent of repairs, approximate cost of these repairs and source of your funds to make these repairs (such as personal savings, bank loan, etc.)

Have you incurred damage to your property as a result of the recent rainfall, which has not been repaired? _____yes _____no

If yes, describe the nature of the unrepaired damage to your property.

CONFLICT OF INTEREST

Do you have any family or business ties to any of the following people?

Steve Braun, Director -Grant County Emergency Management

Robert Keeney – County Board Chairman

County Board Members

Carol Beals	John Beinborn	Ronald Coppernoli	Gregory Fry	Roger Guthrie
Dale Hood	Lester Jantzen	Mike Lieurance	Grant Loy	Dwight Nelson
John Patcle	Gary Ranum	Robert Scallon	Donald Splinter	Mark Stead
Daniel C. Timmerman				

Program Administrators

Dale Klemme Lori Bekkum
Eric Frydenlund Gary Koch

CDBG – EAP Committee

Barb Vorwald Rick Udelhoven
Mark Hoehne Neil Gardner

If yes, disclose the nature of the relationship.

Name of covered person

Relationship

Spouse
Fiancee/Fiance
Children/Children-in-law
Brothers and Brother-in-law
Sister and Sister-in-law

Parents and Parents-in-law
(Any person who receives more than
50% of their support from the covered person)
(e.g., adopted child, foster child)

PLEASE ATTACH THE FOLLOWING INFORMATION:

1. Proof of Homeownership (Copy of Property Tax Bill)
2. Copy of first page of your 2017 taxes and copy of recent pay check stub showing (3) three most current months' income.

CIRCLE DATA WHICH APPLIES

0 Efficiency 1 Bedroom 2 Bedrooms 3 Bedrooms 4 Bedrooms 5Bedrooms

White African/American Native American Asian/Islander Hispanic Vacant Unit

Single/Non Elderly Elderly (>62) Single Parent Related Parent Other Vacant

Number of persons in Household _____

PRIVACY ACT STATEMENT

Routine Uses: The information will be given to agencies from which you are seeking assistance. It may also be shared with insurers of your damaged property along with other disaster assistance providers and State and Federal agencies to ensure benefits are not duplicated and in order to monitor compliance with state and federal regulations.

Mandatory or Voluntary Disclosure: Giving us this information is voluntary; however, failure to give us the information may result in a delay or rejection of your request for disaster assistance.

NON-DISCRIMINATION STATEMENT

Federal law requires that disaster aid be given in a fair and impartial manner, without discrimination on the grounds of race, color, religion, nationality, sex, age, handicap, or familial status.

MARITAL PROPERTY AGREEMENT

No provision of a marital property agreement (including a Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income from separate property under Sec. 766.59, or court decree under Sec. 766.70 adversely affects the creditor unless the creditor is furnished with a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time the obligation is incurred.

APPLICANT'S STATEMENT AND RELEASE

By my signature I certify that I have read and understand all statements in this application:

- All information I have given is true and correct to the best of my knowledge.
- This is the only CDBG-EAP Disaster application submitted for the property described in this application.
- I will return any disaster aid money I receive from the State of Wisconsin or any other source if I receive insurance or other money for the same loss.
- I am the legal owner of the property described on this application.

I understand that if I intentionally make false statement or conceal any information in an attempt to obtain disaster aid, it is a violation of Federal and State laws that carry severe criminal and civil penalties.

I authorize the local unit of government to verify all information given by me about my property, income, employment, and dependents in order to determine my eligibility for disaster aid; and

I authorize and direct all custodians of records of my insurance company, employer, and public or private agency, bank, financial institution or credit data service to release information to the local unit of government upon request.

I have read, or had read to me, the above information, and I understand it.

Owner Signature: _____ Date: _____

Co-Owner Signature: _____ Date: _____

**CDBG Housing Program
Asset Disclosure Form**

Applicant Name(s): _____

Applicant(s) Address: _____

Cash held in checking account(s) Y/N If yes, which Bank(s) _____

Please attach last 6 months of bank statements.

Cash held in savings account(s) Y/N If yes, which Bank(s) _____

Please attach most recent bank statement.

Cash held elsewhere (home, safe deposit box(s), etc.) Y/N If yes, please list _____

Revocable trust(s) available to the applicant Y/N If yes, please list _____

Equity in rental property or other capital investments (do not consider primary residence) Y/N If yes,
please provide detail _____

Stocks, bonds, Treasurer bills, certificates of deposit, mutual funds, money market accounts Y/N If yes,
please provide detail _____

Individual retirement, 401(K), and Keogh accounts Y/N If yes, please provide detail _____

Retirement and pension funds Y/N If yes, please provide detail _____

Cash value of life insurance policies available to the applicant(s) _____

Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. Y/N
If yes, please provide detail _____

Mortgages or deeds of trust held by applicant(s) Y/N If yes, please provide detail _____

Please provide documentation for any other questions answered yes.

I(we), _____, confirm the above to be true to the best of my(our) knowledge.
Print Name(s)

Applicant Signature

Date

Co-applicant Signature

Date

Grant County Emergency Assistance Program
Community Development Block Grant County

Grant County has received funds from the Wisconsin Department of Commerce to assist income eligible households to recover from the July, 2017 heavy rains **as well as the heavy rains and flash flooding of June and September 2018**. These funds are available to eligible property owners to make certain improvements to their property.

Eligibility: The owner must meet the following income limits. These income limits apply to total household income. Income is from all sources.

Household Size					
1	2	3	4	5	6
\$38,000	\$43,400	\$48,850	\$54,250	\$58,600	\$62,950

1. Eligible Improvements: The County will make funds available to include the repair restoration, and/or replacement of housing elements that were directly damages by the July rains. Examples of eligible activities may include furnace and water heater replacement; repair of damaged wells and septic systems; repair of damaged foundations, floors, walls, roof, and basic structural components; grading, filling, and basic landscaping of the home to prevent future flooding issues; and other measures to make the home decent, safe, sound and sanitary. Persons who experienced damage to their driveway or a personally owned bridge, which rendered it dangerous or impassable may also qualify for assistance. Additional items are eligible and it's best to discuss them with the Housing Administrators.
2. Approval: A Housing Assistance Committee, appointed by the County Board will act on each application. The committee will review the work required on each property and will approve the proposed work. If in doubt as to whether you qualify, please call 1-800-655-0683 and arrange for an appointment.

EQUAL HOUSING OPPORTUNITY